

## TELEFAX COVER SHEET

**MOSER, PATTERSON & SHERIDAN, LLP**

ATTORNEYS AT LAW  
595 SHREWSBURY AVENUE  
FIRST FLOOR  
SHREWSBURY, NJ 07702  
TELEPHONE (732) 530-9404  
TELEFAX (732) 530-9808

RECEIVED  
CENTRAL FAX CENTER  
OCT 17 2003

BEST AVAILABLE COPY

\*\*\*\*\*  
THIS TELEFAX MESSAGE IS ADDRESSED TO THE PERSON OR COMPANY LISTED BELOW.  
IF IT WAS SENT OR RECEIVED INCORRECTLY, OR YOU ARE NOT THE INTENDED  
RECIPIENT, PLEASE TAKE NOTICE THAT THIS MESSAGE MAY CONTAIN PRIVILEGED OR  
CONFIDENTIAL MATERIAL, AND YOUR DUE REGARD FOR THIS INFORMATION IS  
NECESSARY. YOU MAY ARRANGE TO RETURN THIS MATERIAL BY CALLING THE FIRM  
LISTED ABOVE AT (732) 530-9404  
\*\*\*\*\*

THIS MESSAGE HAS 6 PAGES INCLUDING THIS SHEET

TO: Commissioner of Patents  
FAX NO.: 703-872-9314  
FROM: Eamon J. Wall  
DATE: October 16, 2003  
MATTER: Serial No. 09/458,321 Filed: 12/10/99  
DOCKET NO.: DIVA/040  
APPLICANT: Yong Ho Son et al.

OFFICIAL

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

|   |   |
|---|---|
| <input type="checkbox"/> Petition                               | <input checked="" type="checkbox"/> Transmittal Letter (2 copies)     |
| <input type="checkbox"/> Disclosure Statement & PTO-1449        | <input type="checkbox"/> Fee Transmittal (2 copies)                   |
| <input type="checkbox"/> Priority Document                      | <input type="checkbox"/> Deposit Account Transaction                  |
| <input type="checkbox"/> Drawings ( sheets) informal            | <input checked="" type="checkbox"/> Facsimile Transmittal Certificate |
| <input checked="" type="checkbox"/> RESPONSE UNDER 37 CFR 1.116 | dated October , 2003  |
| <input type="checkbox"/>  | <input type="checkbox"/>  |
| <input type="checkbox"/>  | <input type="checkbox"/>  |

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence is being transmitted by facsimile to the Assistant  
Commissioner for Patents, Washington, DC 20231 on October 16, 2003, facsimile No. 703-  
872-9314.

Alberta Gamble  
Name of person signing this certificate

Alberta Gamble October 16, 2003  
Signature and date

PTO/SB/21 (08-00)


Please type a plus sign (+) inside this box → ☒

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |                      |                        |           |
|--|----------------------|------------------------|-----------|
| <b>TRANSMITTAL<br/>FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 09/458,21              |           |
|  | Filing Date          | 12/10/9                |           |
|  | First Named Inventor | SON                    |           |
|  | Group Art Unit       | 2611                   |           |
|  | Examiner Name        | Srivastava, V.         |           |
| Total Number of Pages in This Submission   | 16                   | Attorney Docket Number | DIVA/0411 |

| ENCLOSURES (check all that apply)   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment / Response<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><br><input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks: It is believed no fee is due. However in the event a fee is due, kindly charge that fee to deposit account number 20-0782. To facilitate that charge, a duplicate copy of this letter enclosed.  |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  |  |  |
| Firm or Individual name   | Eamon J. Wall, Reg. No. 39,414   |  |
| Signature   |   |  |
| Date  | October 16, 2003   |  |

**CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. § 1.8**

I hereby certify that this correspondence is being transmitted by facsimile to the Commissioner for Patents, Alexandria, VA 22313-1450 on October 16, 2003 Facsimile No. (703) 872-9314

Alberta Gamble

Name of person signing this certificate

Alberta Gamble October 17, 2003

Signature and date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.